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**REQUEST FOR WITHDRAWAL  
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|                        |             |
|------------------------|-------------|
| Patent Number          | 6,888,057   |
| Issue Date             | May 3, 2005 |
| First Named Inventor   | Juszkiewicz |
| Art Unit               | 2837        |
| Examiner Name          | Donels      |
| Attorney Docket Number | N9351       |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The attorneys/agents of record have been discharged by the client.

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OR

|   |  |                  |                     |
|---|--|------------------|---------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Matthew W. Siegal                                |                  |                     |
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| Date  | 3/24/08  | Telephone No.    | 615-242-2400        |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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